

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
03-19

2. STATE:  
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR §447.40

7. FEDERAL BUDGET IMPACT:

a. FFY '03 (\$85)

b. FFY '04 (\$496)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 4.19-C, pp. 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

same

10. SUBJECT OF AMENDMENT:

Payment for Reserved Bed Days

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

// Mary B. Kennedy - signature //

16. RETURN TO:

Stephanie Schwartz  
Federal Relations Unit  
Minnesota Department of Human Services  
444 Lafayette Road No.  
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED: August 6, 2003

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: August 6, 2003

18. DATE APPROVED: 3/3/04

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cleryl A. Harris*

21. TYPED NAME: Cleryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

AUG 06 2003

DMCH - MI/MN/WI

STATE: MINNESOTA

TN: 03-19

Effective: July 1, 2003

Approved: MAR 9 2 2004

Supersedes: 97-28 (94-21/93-24)

ATTACHMENT 4.19-C

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### **PAYMENT FOR RESERVED BED DAYS**

Payment is made for leave days for hospital leave or therapeutic leave of a recipient who has not been discharged from the ICF/MR or nursing facility (NF). A reserved bed must be held for a recipient on a hospital leave or therapeutic leave. Payment for leave days in NFs is equal to ~~79%~~ 60% of the nursing facility's total payment rate established for the applicable resident in accordance with Attachment 4.19-D. Payment for leave days in ICFs/MR is established in accordance with Attachment 4.19-D.

**Leave day definition.** A leave day means any calendar day during which the recipient leaves the facility and is absent overnight, and all subsequent, consecutive calendar days. An overnight absence from the facility of less than 23 hours does not constitute a leave day. Nevertheless, if the recipient is absent from the facility to participate in active programming of the facility under the personal direction and observation of facility staff, the day shall not be considered a leave day regardless of the number of hours of the recipient's absences. For purposes of this definition, "calendar day" means the 24 hour period ending at midnight.

**Reserved bed definition.** A reserved bed means the same bed that a recipient occupied before leaving the facility for hospital leave or therapeutic leave or an appropriately certified bed if the recipient's physical condition upon returning to the facility prohibits access to the bed he or she occupied before the leave.

**Required occupancy rate.** ICFs/MR and NFs with 25 or more licensed beds shall not receive payment for leave days in a month for which the average occupancy rate of licensed beds is 93 percent or less. ICFs/MR and NFs with 24 or fewer licensed beds shall not receive payment for leave days if a licensed bed has been vacant for 60 consecutive days prior to the first leave day of a hospital leave or therapeutic leave. For purposes of this paragraph, a reserved bed is not a vacant bed when determining occupancy rates and eligibility for payment of a leave day.

**Therapeutic leave days.** A therapeutic leave is the absence of a recipient from an ICF/MR or NF, with the expectation of the recipient's return to the facility, to (1) a camp meeting applicable licensure requirements of the Minnesota Department of Health, or (2) a residential setting other than a long-term care facility, a hospital, or other entity eligible to receive federal, state, or county funds to maintain a recipient. Leave for a home visit or a vacation is a therapeutic leave.

The recipient's health record must document the date and time the recipient leaves the ICF/MR or NF and the date and time of return. The leave days must be reported on the invoice submitted by the ICF/MR or NF.

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ATTACHMENT 4.19-C

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### **PAYMENT FOR RESERVED BED DAYS Continued)**

Coverage of therapeutic leave days is limited to:

- 36 days per calendar year for recipients receiving NF services.
  - From March 2, 1997 through December 31, 1997, this limitation may be waived when the Commissioner determines the 36 day maximum was exceeded due to the severe winter and spring of 1997.
- 72 days per calendar year for recipients receiving NF services in a facility licensed to provide services for the physically handicapped (Rule 80).
- 72 days per calendar year for recipients receiving ICF/MR services. In addition, the commissioner may approve up to 48 additional therapeutic leave days if:
  - the recipient or the recipient's legal representative requests additional therapeutic leave days;
  - the case manager recommends that the leave is consistent with the goals of the recipient's individual service plan;
  - an evaluation by the case manager demonstrates that home and community based services and other alternative services are not feasible; and
  - all other state and federal requirements relating to therapeutic leave days are met.

**Hospital leave days.** A hospital leave means the status of a recipient who has been transferred from the ICF/MR or NF to an inpatient hospital for medically necessary health care, with the expectation that the recipient will return to the ICF/MR or NF.

The recipient must have been transferred from the ICF/MR or NF to a hospital. The recipient's health record must document the date and time the recipient was transferred to the hospital and the date and time of return to the ICF/MR or NF. The leave days must be reported on the invoice submitted by the ICF/MR or NF.

Coverage of hospital leave days is limited to 18 consecutive days for each separate and distinct episode of medically necessary hospitalization.